

# APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

The California Health and Safety Code, Section 103526 permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Please indicate whether you would like a Certified Copy or a certified Informational Copy.

*8: Elections Weddings 700 Forms JUDGE JAD FORMS 198 Application for Birth.doc*

( )	I would like a <b>CERTIFIED COPY</b> of the record identified on the application. <i>(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application by selecting from the list below).</i>	( )	I would like a Certified <b>INFORMATIONAL COPY</b> of the record identified on the application.
✓	FEE \$14.00	( )	<b>CLERKS USE ONLY</b> Faxed to: _____ Fax Number: ( ) _____ - _____
( ) ( ) ( ) ( ) ( )	I am: <b>The registrant</b> or a parent or legal guardian of the registrant. <b>A party entitled to receive the record</b> as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. <b>A member of a law enforcement agency</b> or a representative of another governmental agency, as provided by law, who is conducting official business. <b>A child</b> , grandparent, grandchild, sibling, spouse, or domestic partner of registrant. <b>An attorney</b> representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.		

## APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Requesting Record	Today's Date	Telephone Number ( ) -
Mailing Address	City	State Zip
Person Receiving Copies, if Different from Above	No. of Copies	Amount \$ Email Address

## BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate- FIRST Name	Name on Certificate- Middle Name	Name on Certificate- LAST Name
City or Town of Birth		County of Birth
Date of Birth- Month, Day, Year (If unknown, enter approximate date)		Sex ( ) Female ( ) Male
Father's FIRST Name	Father's Middle Name	Father's LAST Name
Mother's FIRST Name	Mother's Middle Name	Mother's LAST Name
<b>YOUR DAYTIME CONTACT NUMBER:</b> ( ) -		

Mail Request & Payment to: Mono County Vital Records, Attn: Debra VandeBrake  
 P.O. Box 237, Bridgeport, California 93517